**System Functional Review Checklist**

**Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Typical SFR success criteria include affirmative answers to the following exit questions**: | | | |
| **#** |  | **Y/N/NA** |  |
|  | Can the system functional requirements, as disclosed, satisfy the Capability Development Document? |  |  |
|  | If **NO**, please explain: | | |
|  | Are the system functional requirements sufficiently detailed and understood to enable system design to proceed? |  |  |
|  | If **NO**, please explain: | | |
|  | Are adequate processes and metrics in place for the program to succeed? |  |  |
|  | If **NO**, please explain: | | |
| 4 | Are the risks known and manageable for development? |  |  |
|  | If **NO**, please explain: |  |  |
| 5 | Is the program schedule executable (technical/cost risks)? |  |  |
|  | If **NO**, please explain: |  |  |
| 6 | Is the program properly staffed? |  |  |
|  | If **NO**, please explain: |  |  |
| 7 | Is the program with the approved functional baseline executable within the existing budget? |  |  |
|  | If **NO**, please explain: | | |
| 8 | Is the updated Cost Analysis Requirements Description consistent with the approved functional baseline? |  |  |
|  | If **NO**, please explain: | | |
| 9 | Does the updated cost estimate fit within the existing budget? |  |  |
|  | If **NO**, please explain: | | |
| 10 | Has the system Functional Baseline been established to enable preliminary design to proceed with proper Configuration Management? |  |  |
|  | If **NO**, please explain: | | |
| 11 | Is the software functionality in the approved functional baseline consistent with the updated software metrics and resource loaded schedule? |  |  |
|  | If **NO**, please explain: | | |
| 12 | Are operational/functional requirements allocated to system/subsystem/software functions in Department of Defense Architecture Framework (DoDAF) products? | | |
|  | If **NO**, please explain: | | |
| **Areas for Improvement** | | | |
|  | | | |
| **Recommendations** | | | |
|  | | | |

Project Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Engineer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_